

FILED JAN 24 1942  
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9692

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3456 Crittenden  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Parks Daugherty

3. (b) If veteran, name war Nil 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Alma Daugherty 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 18, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	16	_____ hr. _____ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Gardener (City, town, or county) City of St. Louis

11. Industry or business \_\_\_\_\_

12. Name James Daugherty

13. Birthplace \_\_\_\_\_ (City, town, or county) Ohio (State or foreign country)

14. Maiden name Carolyn Comforth

15. Birthplace \_\_\_\_\_ (City, town, or county) England (State or foreign country)

16. (a) Informant Alma Daugherty  
(b) Address 3456 Crittenden

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/41 (Month) (Day) (Year)  
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director Edith F. Ambruster  
(b) Address 4234 Manchester

19. (a) DEC 8 1941 (Date received local registrar) (b) J. F. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 2nd 1941 to DEC 4th 1941 that I last saw him in alive on DEC 4th and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia Duration 3 days  
Due to Exposure to Cold a few days

Due to \_\_\_\_\_  
Other conditions Cystic Kidneys 6 Indefinite  
(Include pregnancy within 3 months of death)

Major findings: none 100 PHYSICIAN  
Of operations \_\_\_\_\_  
Of autopsy Acute Lobar Pneumonia & Cystic Kidneys  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredbeck (M. D. or other) \_\_\_\_\_  
Address 1544 So. Broadway Date signed 12/5/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
.....  
working under my personal supervision.

Registered Apprentice No. ....  
Signed..... *Henry Eymck* .....  
Licensed Embalmer No. *1284* .....  
P. O. Address. *St. Louis Mo.* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**